

IN The United States District Court
for The Middle District of Alabama
Northern Division

Plaintiff

ALICE R. HAGEMAN
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

V.

CASE NO. 206-CV-1115-MHT

Richard Allen Et. AL

Motion To Leave To Amend
Motion To Dismiss Defendant
Richard Allen

Come now Jimmy F Cameron in the Above style cause
and Does Ask This Honorable Court. To Let him AMEND
This complaint as follows To Dismiss Richard Allen
as a Defendant and sue Doctor Siddig in his
Personal Capacity since the Prison Commissioner is
not Responsible for Doctor Siddig Personal Actions
Plaintiff Has Learned That Prison Health Service no
Longer Handles The Dept of CORR. Medical Service
That it is now handle by C.M.S. who filed for
Bank Ruptcy in 2001 (Correctional Medical Service)
Plaintiff says That Doctor Siddig Did every Thing on his
own Capacity. Individually. Doctor Siddig never intended
for Plaintiff To get The medical Attention that WAS needed
for his Ailments. Plaintiff Ask This Honorable court To
Let him Dismiss Commissioner Allen and sue

Doctor Siddig in his personal capacity and C.M.S who
has taken over for P.H.S see Exhibit Y. are as this
court see fit

Jimmy F Cameron
Plaintiff

Certificate of Service

Come now Jimmy F. Cameron and does say that A
copy of the foregoing was served on The Attorneys
for the Defendant by placing a copy in the US MAIL
properly Addressed This 14th Day of November 2007

executed on 11-14-07

Jimmy F Cameron
Plaintiff

Exhibit Y
CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**FOR MEDICAL USE ONLY**

Date Received: _____

Time Received: _____

Print Name: _____ Date of Request: _____

ID #: _____ Date of Birth: _____ Housing Location: _____

Nature of problem or request: _____

I consent to be treated by health staff for the condition described.

SIGNATURE**PLACE THIS SLIP IN MEDICAL REQUEST BOX OR DESIGNATED AREA****DO NOT WRITE BELOW THIS AREA**Triaged by: _____ Referred to: (Circle ONE)
Initials NSC Mid-level SC Physician SC MH Dental
Other: _____**HEALTH CARE DOCUMENTATION**

Subjective:

Objective: BP _____ T _____ P _____ R _____ Wt _____

Assessment:

Plan:

 Inmate education handout reviewed with and given to the patient.

Refer to : (Circle any applicable) Mid-level Physician MH Dental Other: _____

Signature & Title: _____ Date: _____ Time: _____

3-(HEALTH SERVICES REQUEST FORM)

SÓLO PARA USO MÉDICO

Fecha Recibido _____

Hora Recibido _____

**CORRECTIONAL MEDICAL SERVICES
FORMULARIO DE SOLICITUD PARA SERVICIOS DE SALUD**Escriba su Nombre: _____ Fecha de Solicitud: _____
(En imprenta/ letra de molde)Número de ID _____ Fecha de Nacimiento: _____ Ubicación de la Unidad de Vivienda
_____Tipo del problema o solicitud:

_____Doy mi consentimiento para ser tratado por el personal del cuidado de la salud para la condición o
enfermedad descrita.

FIRMA**COLOQUE ESTA PAPELETA EN LA CAJA DE SOLICITUD PARA ATENCIÓN MÉDICA O EN EL ÁREA
DESIGNADA - NO ESCRIBA POR DEBAJO DE ESTA PARTE**

Examinado por: _____ Referido a: (Ponga en círculo UNO de los siguientes)
NSC Medio nivel SC Médico SC MH Dental
Otro: _____

DOCUMENTACIÓN DEL CUIDADO DE LA SALUD

Subjetivo:

Objetivo: BP _____ T _____ P _____ R _____ Wt _____

Evaluación:

Plan:

Información para el preso explicada y entregada al paciente.

Refiera a: (Ponga un círculo al aplicable) Medio Nivel Médico MH Dental Otro: _____

Firma y Título: _____ Fecha: _____ Hora: _____

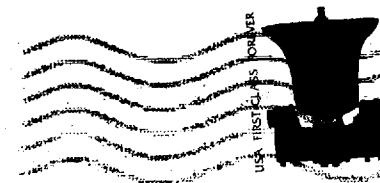
Jimmy Frank Cameron AIS105591
ADOC DRAPER 8-2-17-A
Draper Correctional Facility
P O Box 1107
Elmore, AL 36025

LEGAL MAIL

"This correspondence is forwarded from an Alabama State Prison. The contents have not been evaluated, and the Alabama Department of Corrections is not responsible for the substance or content of the enclosed communication."

MONTGOMERY AL 361

15 MAY 2007 4:49 A.M.



United States District Court

P.O. Box 711

Montgomery, AL

36101-0711

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